

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0020469 MB

DOCUMENT # B01000000317

1. Entity Name
ADMINISTAFF COMPANIES II, L.P.



FILED

03 MAY -9 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339-3802

Mailing Address
19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339-3802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 76-0689539

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$8,750.00

10. Amount of Capital Contributions
in FLORIDA to date. 0

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000002513
NAME ADMINISTAFF COMPANIES, INC.
STREET ADDRESS 19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP KINGWOOD TX 77339-3802

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John H. Spurgin, II*

4-15-03

(281) 358-8986

Secretary of Administration, Inc., General Partner

Daytime Phone #

CR2E003 (10/02)